

110TH CONGRESS
2D SESSION

H. R. 7037

To amend the Public Health Service Act to authorize the Secretary of Health and Human Services to make grants to each State health department for community action teams to promote healthier lifestyles through physical activity and good nutrition and thereby prevent obesity and chronic disease, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 24, 2008

Mr. BISHOP of Georgia introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To amend the Public Health Service Act to authorize the Secretary of Health and Human Services to make grants to each State health department for community action teams to promote healthier lifestyles through physical activity and good nutrition and thereby prevent obesity and chronic disease, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Healthy Activity for
5 Lifelong Energy Act of 2008”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) Obesity in the United States has reached
4 crisis proportions. According to the Centers for Dis-
5 ease Control and Prevention (CDC), more than a
6 third of all American adults are now overweight. Of
7 even greater concern, the percentage of children and
8 adolescents who are overweight leaped to 16 percent
9 in 2006, a percentage which has more than doubled
10 since 1980.

11 (2) Overweight adolescents are likely to become
12 overweight adults, at risk of developing obesity-re-
13 lated, life-threatening diseases such as cancer, type
14 2 diabetes, stroke, heart disease, arthritis, and
15 breathing problems. They will join an adult popu-
16 lation struggling with a staggering 61 percent over-
17 weight rate. Not only will the Nation's children face
18 life-threatening diseases at younger ages, they will
19 face academic challenges due to poor health behav-
20 iors—resulting in even greater risk to their future
21 health and earning and the Nation's economic
22 growth and worldwide competition.

23 (3) Obesity and insufficient physical activity are
24 not merely personal issues. Rather, these are public
25 health problems with wide-ranging implications for
26 the Nation's economy and quality of life. Research

1 shows that a significant community-based response
2 can halt the rising tide, and a comprehensive, multi
3 tiered approach shows the greatest promise of suc-
4 cess and sustainability. A program thrives when it
5 works for change not only on the individual level,
6 but also within communities and across a broad
7 spectrum of society. In addition, it is vitally impor-
8 tant to understand the cultural context of each com-
9 munity and to partner with them in building rel-
10 evant and meaningful programs.

11 (4) State chronic disease programs have de-
12 pended heavily upon the CDC for funding to address
13 obesity. The obesity epidemic has outpaced Federal
14 support, contributing to the escalating rise of obesity
15 in an increasingly younger population. Clearly the
16 obesity epidemic is also affecting the preparedness of
17 the United States. Health and fitness have always
18 been a critical concern to the Nation's military, po-
19 lice, fire departments, and first responders.

20 (5) Military sources state that 80 percent of re-
21 cruits who exceed the military weight-for-height
22 standards at entry leave the military before they
23 complete their first term of enlistment. This in turn
24 increases the cost of recruitment and training. These
25 issues threaten the long-term welfare and readiness

1 of United States military forces and associated pre-
 2 paredness responders such as police, fire depart-
 3 ments, and first responders.

4 (6) Obesity and overweight are not just a public
 5 health issue, but also a national security issue. If the
 6 Nation’s society is not physically fit, we will not be
 7 able to defend ourselves and the Nation’s common
 8 interests.

9 (7) This Act rises to the obesity challenge, with
 10 innovative ways to help children and young adults be
 11 physically active and eat more nutritiously.

12 **SEC. 3. COMMUNITY-BASED PROGRAM TO PROMOTE PHYS-**
 13 **ICAL ACTIVITY AND GOOD NUTRITION AND**
 14 **PREVENT OBESITY AND CHRONIC DISEASE.**

15 Part B of title III of the Public Health Service Act
 16 (42 U.S.C. 243 et seq.) is amended by inserting after sec-
 17 tion 317S the following:

18 **“SEC. 317T. COMMUNITY-BASED PROGRAM TO PROMOTE**
 19 **PHYSICAL ACTIVITY AND GOOD NUTRITION**
 20 **AND PREVENT OBESITY AND CHRONIC DIS-**
 21 **EASE.**

22 “(a) GRANTS.—For the purpose of enabling State
 23 health departments to maintain a community action team
 24 program described in subsection (d), the Secretary shall—

1 “(1) make an allotment each fiscal year for the
2 health department of each State in an amount deter-
3 mined under subsection (c); and

4 “(2) make a grant to the health department of
5 the allotment if the health department submits an
6 application in accordance with subsection (f).

7 “(b) IMPLEMENTATION; CONSULTATION.—The Sec-
8 retary shall carry out this section—

9 “(1) acting through an appropriate agency or
10 office of the Centers for Disease Control and Pre-
11 vention, such as the National Center for Chronic
12 Disease Prevention and Health Promotion; and

13 “(2) in consultation with appropriate nonprofit
14 organizations, such as the National Association of
15 Chronic Disease Directors.

16 “(c) AMOUNT OF GRANTS.—

17 “(1) IN GENERAL.—Subject to paragraph (2),
18 the Secretary shall determine the amount of a grant
19 under this section to a State health department for
20 a fiscal year on a competitive basis.

21 “(2) PROGRAM MANAGEMENT.—The Secretary
22 may not provide more than \$100,000 under this sec-
23 tion for a fiscal year to any State for management
24 and administration of activities.

1 “(3) COMMUNITY FUNDING.—The Secretary
2 shall provide a minimum of \$300,000 under this sec-
3 tion to each State receiving a grant under this sec-
4 tion for the fiscal year involved.

5 “(d) COMMUNITY ACTION TEAMS.—A funding agree-
6 ment for a grant under this section is that the State health
7 department involved will expend the grant only for the fol-
8 lowing:

9 “(1) The State health department will use the
10 grant to establish and implement community action
11 teams.

12 “(2) Each such community action team—

13 “(A) will work within the local community
14 to promote healthier lifestyles through physical
15 activity and good nutrition and thereby prevent
16 obesity and chronic disease; and

17 “(B) will serve for a period of 3 years.

18 “(3) The State health department will maintain
19 a total of 4 to 8 community action teams within the
20 State in any given fiscal year

21 “(4) At the end of the first 3-year period de-
22 scribed in paragraph (2)(B), and every 2 years
23 thereafter, the State health department will establish
24 new community action teams in communities which
25 have not yet had such a team.

1 “(5) The State health department will provide
2 technical assistance to the community action teams.

3 “(e) PROGRAM EVALUATION.—A funding agreement
4 for a grant under this section is that the State health de-
5 partment involved, in collaboration with the Secretary, will
6 collect data on the effectiveness of the department’s com-
7 munity action team program under this section.

8 “(f) APPLICATION FOR GRANT.—For purposes of
9 subsection (a)(2), an application for a grant under this
10 section is in accordance with this subsection if the applica-
11 tion—

12 “(1) contains each funding agreement required
13 by this section; and

14 “(2) is in such form, is submitted in such man-
15 ner, and contains such agreements, assurances, and
16 information as the Secretary may require.

17 “(g) NATIONAL ACTIVITIES.—The Secretary shall—

18 “(1) conduct training institutes to jump-start
19 the work of community action teams funded through
20 this section;

21 “(2) provide such teams with access to national
22 experts in ongoing community change; and

23 “(3) disseminate information about successes
24 achieved through this section to communities across
25 the Nation.

1 “(h) DEFINITION.—In this section, the term ‘State’
2 means the several States and the District of Columbia.

3 “(i) FUNDING.—

4 “(1) AUTHORIZATION OF APPROPRIATIONS.—

5 To carry out this section, there is authorized to be
6 appropriated \$40,000,000 for each of fiscal years
7 2009 through 2013, of which—

8 “(A) \$26,450,000 shall be made available
9 to State health departments through grants
10 under this section, of which—

11 “(i) \$21,350,000 shall be made avail-
12 able to community action teams; and

13 “(ii) \$5,100,000 shall be used by
14 State health departments to administer
15 their community action team programs, in-
16 cluding through provision of technical as-
17 sistance;

18 “(B) \$7,500,000 shall be available to the
19 Secretary to carry out subsection (g); and

20 “(C) \$6,050,000 shall be available to the
21 Secretary for management and evaluation.

22 “(2) INSUFFICIENT APPROPRIATIONS.—If the
23 amount of funds appropriated to carry out this sec-
24 tion is less than \$20,000,000 for any fiscal year, the
25 Secretary, notwithstanding subsection (a)(1), may

1 choose to make grants under this section on a com-
2 petitive basis instead of making a grant to each
3 State health department that submits an application
4 in accordance with subsection (f); and”.

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